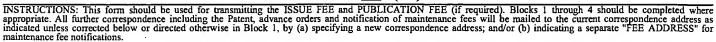
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

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03/25/2003

Krishnendu Gupta, Esq. **EMC Corporation** Office of the General Counsel 35 Parkwood Drive Hopkinton, MA 01748

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08/18/2004 LWDNDIM2 00000187 050889

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Linda Valanzola	(Depositor's name)
Lila Valanzala	(Signature)
August 16, 2004	(Date)

APPLICATION NÔ.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/022,080	12/13/2001	John K. Walton	EMC-01-153	2897

TITLE OF INVENTION: METHOD AND SYSTEM FOR MAINTAINING DATA INTEGRITY USING DUAL WRITE OPERATIONS

	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION I	FEE TOTAL FEI	E(S) DUE	DATE DUE
•	nonprovisional	NO	\$1300	\$0	\$13	00	06/25/2003
1	EXAMI	NER	ART UNIT	CLASS-SUBCLASS			•
	ELMORE, ST	EPHEN C	2186	711-162000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Scott A. Ouellette				
	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2			
	☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		registered patent attorney is listed, no name will be	s or agents. If no name	3 John M	I. Gunther	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

EMC Corporation

Hopkinton, MA

Please check the appropriate assignee category or categories (will not	☐ individual	☐ corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
X Issue Fee	☐ A check in the amount of the fee(s) is enclosed.				
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XAdvance Order - # of Copies	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0889 (enclose an extra copy of this form).				
Commissioner for Patents is requested to apply the Issue Fee and Publ	ication Fee (if any) or to re-a	apply any previo	usly paid issue fee to the application identifi	ed above.	
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